

**NOTIFICATION OF OCONTO COUNTY
MAINTENANCE REQUIREMENTS AND WISCONSIN FUND PROGRAM**

Name of Property Owner

Property Owner's Phone Number

Home Mailing Address

Physical Address (if different from Mailing Address)

City, State, Zip Code

Parcel Number of Property (Location on Tax Bill)

In accordance with WI Administrative Code DSPS 383.52 all Privately Owned Wastewater Treatment Systems (POWTS) shall be maintained. The owner of a POWTS shall be responsible for ensuring the operation and maintenance of the POWTS occurs in accordance with DSPS 383 and the approved management plan detailed in the sanitary permit.

POWTS that exists prior to July 1, 2000 shall be visually inspected at least once every 3 years to determine whether wastewater or effluent from the POWTS is ponding on the surface of the ground. Servicing of the treatment tank shall occur at least when the combined sludge and scum volume equals 1/3 of the tank volume.

The servicing of a holding tank shall occur at least when the wastewater of the tank reaches a level of one foot below the inlet invert of the tank.

Pending a change in monitoring the required maintenance, Oconto County will send maintenance notification at the service interval required for your POWTS. If you have servicing completed prior to your notification date, contact the Oconto County Zoning Office and we will provide you with a maintenance card to be completed and returned.

A POWTS, including a POWTS existing prior to July 1, 2000, that is not maintained in accordance with the approved management plan or as required under s. DSPS 383.54(4) shall be considered a human health hazard.

Replacement Systems:

Oconto County participates in the Wisconsin Fund (Private Sewage System Replacement or Rehabilitation Grant Program). This fund provides financial incentives to protect and improve public health, safety and groundwater quality in Wisconsin. If your principle residence or small business POWTS failure is classified as a Category 1 (systems discharging to surface water, groundwater, etc.) or Category 2 (systems discharging to ground surface) as designated by a County Zoning representative, **you may be eligible** for a grant under this program provided that all of the following requirements are met:

- 1) The failure of your POWTS is classified as Category 1 or 2 failure by a County Zoning representative prior to replacement of the existing POWTS.
- 2) The residence is your principle residence (occupied greater than 51% of the year).
- 3) The failing POWTS was constructed prior to July 1, 1978.
- 4) The residence is not located in an area served by a municipal sewer.
- 5) The income of all owners of the principle residence is less than \$45,000 and for small commercial establishments less than \$362,500.

Check this box if you intend to apply for the Wisconsin Fund. Condition #1 must be verified prior to replacement of the existing system.

I, the undersigned, am the owner of the above stated property and agree to comply with the maintenance requirements as stated above and will notify any future assignees of my property of this Maintenance Program. I further agree to allow free and unlimited access to the above described property at anytime by a County Zoning representative who is investigating compliance with the State Statutes and/or County Codes.

Signature of Property Owner

Date

NOTE: The ORIGINAL copy of this document must accompany the Sanitary Permit Application.